PLEASE TYPE	PLEASE TYPE OR PRINT Entered previous				
		✓ yes	□ no		
☐ Ms. ✓ Mr. Artist	OHN CL	AGUE			
LI W. Arcist			Last Name Last		
Permanent ///	25 CALLET	LINE PO (AREC MILIO		
	reet	LINE RD. GA	City City		
111/0/10		102 210	2		
74040	Tel. (1 423-3192			
- Zip	Area Code				
Temporary or Studio Address_	_				
	Street		City		
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Ζιρ	Area Code				
		one of the counti were you born in			
		y were you born ii			
Collaborator	(If Any)				
If May Show ent	ries are not ac	cepted or not solo	l:		
Artist will p					
	uld dispose of				
☐ Museum sho	uld ship to art	tist C.O.D. at this	address:		
Special Instruction	ons				
The state of the s		instructions or a	drawing of		
how the object i	s to be assemb	oled and displayed			
		LATE FOR JUR	YING-		
IF POSSIBLE ,	CORNERMY)	o° viewnit			
	must be fully	made out and sign	ned. Unsigned		
		ivery and return o	of objects. It is		
		, arra rocarri c			

The submission of objects will be construed as acceptance of all conditions priving in the left information.

understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed. It is also understood that accepted objects will remain on

Signature _

exhibition until May 18, 1980.

ENTRY BLANK

7									
ENTRY BLANKS									
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts									
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